



City of New Albany, Indiana

David Brewer
Building Commissioner

RESIDENTIAL APPLICATION for HVAC

Date: _____

Owner name(s) & Phone: _____

Work Site Address: _____ Lot# /Ste. _____

Contractor Name: _____

Name & phone of person on job site: _____

Estimated cost of project: _____

1. Fee regarding any new or replacement HVAC Unit, \$40.00 per unit. Combination is \$80.00 per.

2. Please check to what permit applies:

_____ Air Conditioning Unit _____ Heating Unit _____ Combination

Total: \$ _____

REMINDER FOR CONTRACTORS

When mailing in applications, please remember to send a self-addressed stamped envelope to receive your copy.